

final registration deadline: friday, june 8 at 5:00 pm

PARD ADULT SOFTBALL

SUMMER 2012



PLEASE NOTE: FRIDAY NIGHT GAMES MAY BE PLAYED IN 2012.

REGISTRATION PROCEDURES ARE AS FOLLOWS. ALL FORMS — Including the Team Registration Form, Coaches Agreement, and the Roster/Waiver Form — MUST BE COMPLETED AND TURNED IN WITH FULL PAYMENT TO THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. Forms will not be accepted if they are turned in to another City office. All registration packets, including any forms that are faxed or mailed, must be received by PARD by 5:00 pm on Friday, June 8, 2012.

EARLY REGISTRATION

April 9-27 Fee: \$325

REGULAR REGISTRATION

April 30—May 25 Fee: \$340

LATE REGISTRATION

May 29-June 8 Fee: \$375

NO REFUNDS!

PLEASE NOTE: ALL team names must be approved by PARD staff. No team names will be allowed that imply profanity, sexual innuendos, or questionable / vulgar / suggestive material.

PARD WILL HAVE THE FINAL SAY ON WHETHER A TEAM NAME IS ALLOWED OR NOT.

LEAGUES OFFERED

Men's Open, Men's Church, Industrial, Coed, Church Coed, Youth Church Coed (for ages 14-18), Women's Open, and Men's 35 & Over

**MANY RULES HAVE CHANGED FOR 2012.

IF YOU DID NOT PLAY IN THE SPRING, PLEASE

MAKE SURE YOU GET A COPY OF THE NEW RULES

WHEN YOU REGISTER.**

Dates to Remember

June 14: Coaches Meeting, 6 pm

Broughton Rec Center

801 MLK Blvd.

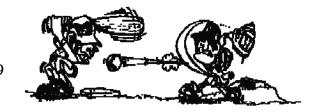
June 18: Season Begins

July 6: Last day to add a player

No teams will be allowed to register and there will be no schedule changes after Friday, June 8.

TEAMS MUST SUBMITT ALL COMPLETED PAPERWORK AT THE TIME OF REGISTRATION. NO EXCEPTIONS.

City of Longview Parks & Recreation Location: 130 E. Timpson St. Mailing Address: PO Box 1952, Longview, TX 75606 Athletic Office 903-237-1268 Fax Number 903-237-1389 www.parks.longviewtexas.gov



Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

I UNDERSTAND THAT <u>NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA</u> AT ANY TIME.

My signature indicates that I have read and understand these policies.			
Signature			
Printed Name			
Team			
League CITY OF LONGVIEW PARKS AND RECREATION Date			



CITY OF LONGVIEW PARKS AND RECREATION ADULT TEAM REGISTRATION FORM

*NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.

TEAM NAME:					
FORMER TEAM NAME	(if applicable):				
PRIMARY COACH:					
ADDRESS:					
CITY:	STAT	E:	ZIP:		
DAYTIME PHONE NUM	IBERS CELL:	WORK:			
HOME PHONE:					
E-MAIL (REQUIRED):					
*NOTE: Make-up/ra	ainout schedules will no longer b	e mailed to coaches, <u>the</u>	y will be EMAILED ONLY!!		
SPORT: ☑ SOFTBALL (SB) ☐ BASKETBALL (BB) ☐ FLAG FOOTBALL (FFB) ☐ KICKBALL (KB)	LEAGUE: MEN'S OPEN (SB, BB, FFB) MEN'S IND. (SB, BB) MEN'S CHURCH (SB, BB) MEN'S 35 & OVER (SB ONLY) YTH CHURCH COED (SB, KB) CHURCH COED (SB ONLY) COED (SB, KB) WOMEN'S OPEN (SB ONLY)	check the division the team last played in. DIV 1 DIV 2 DIV 3 DIV 4 DIV 5 DIV 6 NEW TEAM	REQUESTED DIVISION: check the division the team is requesting. DIV 1 DIV 2 DIV 3 DIV 4 DIV 5 DIV 5 NEW TEAM		
SEASON:	SPRING SUMMER	☐ FALL	WINTER		
SPECIAL REQUESTS	NO GUARANTEES!				
	E ABOVE NAMED TEAM, AND TO THE RULES SET FORTH BY T				
COACH / CHURCH PAS	STOR / PERSONNEL MANAGER S	GIGNATURE	DATE		
FORM OF PAYMENT	T: □ CHECK # M AL CHECKS REQUIRE DATE OF				
OFFICE USE ONLY	TOTAL FEE:	DATE:			

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, JUNE 8, 2012.



PARKS AND RECREATION - 2012 SUMMER SOFTBALL ROSTER / WAIVER FORM

	Team Name	League	Requested Division	Primary Coach		Phone
	Print Player's Name	Player's Signa	ature (Parent's if under 18)	Street Adress	Zip	Phone(s)
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MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, JUNE 8, 2012.

Coach's Signature Verifying AUTHENTICITY of Signature	S:	Date: